PARENTS: PRINT, SIGN, AND BRING THIS FORM WITH MEDICATIONS IN ORIGINAL CONTAINERS TO GEAR CHECK

Summer Camp Medication Schedule For: _____

Parent Name: _____
Parent Phone: _____
Signature: _____
Date: _____

Medical Conditions

Note any medical conditions here. If you need more space, use field at the bottom of the page.

List of Medications

Must be provided in original containers

	Medication	Dosage	Frequency	Notes
1				
2				
3				
4				
5				

Day/Time:	☑	Medication	Dose
Sun PM			
Mon AM			
Mon PM			
Tues AM			

Day/Time:	☑	Medication	Dose
Tues PM			
Wed AM			
Wed PM			
Thurs AM			

Day/Time:	☑	Medication	Dose
Thurs PM			
Fri AM			
Fri PM			
Sat AM			

To fill out form:

Parent: Please list all medications your child is to take in the List section above. For regularly scheduled medications, also list them in the day/time.
Scout Leader will check off each dose when administered. If there are 'as needed' medications, the Scout Leader will list them when given.

Scout Leader: When a regularly taken medication is administered, please check the box.
If an 'as needed' medication is administered, please record in the appropriate day/time.